| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 38 (check only one) X 11a |
|---|-----------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements ma name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| TRUTH ACCOUNTABILITY AND COU | IRAGE POL | LITICAL ACTION COMMITTE | EE (TACPAC) |
| Full Name (Last, First, Middle Initial) Robert F. Hynd | | | Date of Receipt |
| Mailing Address 13101 Waterrock Lane |) | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: SA11AI.5660 |
| Arcadia | OK | 73007 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer McBride Clinic | Occupation Physicia | | |
| Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| Primary General Other (specify) ▼ | | 1000.00 | |
| Full Name (Last, First, Middle Initial) Ronald E. Jackson, MD | | | Date of Receipt |
| Mailing Address 6465 South Yale Avenue Suite 900 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: SA11AI.5772 |
| <u>Tulsa</u> | OK | 74136 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer CM Trailers | Occupation Owner | n | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Thomas P. Janssen, MD | | | Date of Receipt |
| Mailing Address 6915 NW 67th Court | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: SA11AI.5645 |
| Oklahoma City | OK | 73132 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer McBride Clinic | Occupation Physicia | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (optional) | | _ | 3000.00 |

TOTAL This Period (last page this line number only)